

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-1032		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	1	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 1/26/15 DAY WED		TIME: 13:53			
CRASH OCCURRED ON		1079 COLONIAL CR, LEBANON		WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION		N E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
LOG-1	LOG-2	LOC	JUR	FH9	FILT						
A	UNIT NO.	NO OF OCCUPANTS	1	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		JOHNSON, MARILYN L.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		212 BRAUNARD DR, YOUNGSTOWN, OH		STATE FORM # 156-1435-B02-35E			
PHONE NO.		330-507-2092		BIRTH DATE	3/13/47	AGE	67	SEX	F		
OWNER (IF SAME AS DRIVER, WRITE SAME)		SAME		ADDRESS				PHONE			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR			
13	TOYOTA	CAMRY	WHITE	4S	OH	FXP6953		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8	UNIT NO.	NO OF OCCUPANTS	2	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		FIRE HYDRANT		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.				BIRTH DATE		AGE		SEX			
OWNER (IF SAME AS DRIVER, WRITE SAME)		CITY OF LEBANON		ADDRESS		50 S. BROADWAY		PHONE			
VEH YR		MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX	A B C D E F		CONDITION		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
		ADDRESS		PHONE		SEX	A B C D E F		RESTRAINTS		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		ALCOHOL		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		
A	B	C	INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
D	E	F	INJURED TAKEN TO		By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
A	B	C	OFFENSE CHARGED AND DESCRIPTION				A B C D E F		EJECTION		
		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		DRUGS	
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY			
M D Y		YES NO		J. OEHLE		124					
State PII-012		2/13/03									

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION